

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

In re:

City of Detroit, Michigan,  
Debtor.

Bankruptcy Case No. 13-53846

Judge Thomas J. Tucker

Chapter 9

**CITY OF DETROIT’S OBJECTION TO  
CLAIM NUMBER 1643 FILED BY LATONYA BROOKS**

The City of Detroit (“City”) objects to claim number 1643 (“Claim 1643”) filed by Latonya Brooks (“Objection”), respectfully stating as follows:

**JURISDICTION AND VENUE**

1. This Court has jurisdiction over this Objection pursuant to 28 U.S.C. §§ 157 and 1334 and Article VII, Section A of the Plan (defined below). This is a core proceeding pursuant to 28 U.S.C. § 157(b). Venue is proper before this Court pursuant to 28 U.S.C. §§ 1408 and 1409.

**BACKGROUND FACTS**

2. On July 18, 2013 (“Petition Date”), the City filed a petition for relief in this Court.

3. On November 12, 2013, the City filed its *Motion of Debtor Pursuant to Sections 105 and 502 of the Bankruptcy Code, for Entry of an Order Approving Alternative Dispute Resolution Procedures to Promote the Liquidation of Certain Prepetition Claims* [Doc. No. 1665] (“ADR Procedures Motion”). On December

24, 2013, this Court entered an order approving the ADR Procedures Motion [Doc. No. 2302] (“ADR Order”).

4. The Alternative Dispute Resolution Procedures (“ADR Procedures”) attached as Annex 1 to the ADR Order permitted the City to serve on claimants a

notice that the Stay/Injunction is lifted to permit the underlying claim to be liquidated in a non-bankruptcy forum consistent with the terms, conditions and limitations of Section II.E. below (a “Stay Modification Notice”). In that event, immediately upon the filing of the Stay Modification Notice, the Stay/Injunction shall be deemed modified with respect to the applicable Initial Designated Claim solely to permit the liquidation of the claim in a non-bankruptcy forum...

ADR Procedures, Section I.B, p. 4.

5. The ADR Procedures provide that, once the City serves a Stay Modification Notice, the claimant must proceed with reasonable diligence to prosecute his or her claim.

If a Designated Claimant fails to comply with the ADR Procedures, negotiate in good faith or cooperate with the City as may be necessary to effectuate the ADR Procedures, the Bankruptcy Court may, after notice and a hearing, find such conduct to be in violation of the ADR Order or an abandonment of or failure to prosecute the Designated Claim, or both. Upon such findings, the Bankruptcy Court may, among other things, disallow and expunge the Designated Claim, in whole or part, or grant such other or further remedy deemed just and appropriate under the circumstances, including, without limitation, awarding attorneys’ fees, other fees and costs to the City.

ADR Procedures, Section II.G, p. 22.

6. On October 22, 2014, the City filed its *Eighth Amended Plan of the Adjustment of Debts of the City of Detroit (October 22, 2014)* [Doc. No. 8045] (“Plan”), which the Court confirmed with slight modifications by order entered on November 12, 2014 [Doc. No. 8272] (“Confirmation Order”).

7. On February 19, 2014, Latonya Brooks filed Claim 1643 in the amount of \$150,000.00 and claim number 1662 (“Claim 1662”) in the amount of \$26,929.31, both based on a personal injury claim allegedly sustained in a motor vehicle accident. *See* Exhibit 4, Claim 1643; Exhibit 5, Claim 1662.

8. Claim 1662 alleges lost wages, cost of replacement services, interest, and attorneys’ fees related to the accident. Claim 1662. Claim 1643 appears to be a generalized claim for damages stemming from the same accident. Claim 1643.

9. Latonya Brooks and the City discussed the accident. On April 28, 2014, Ms. Brooks and her counsel executed a settlement agreement resolving her claim for the accident for \$22,483.03 in cash. Exhibit 7, Settlement.

10. On December 15, 2015, the City executed the Settlement. *Id.* The City issued a check for \$22,483.03 to Plaintiff’s counsel on February 26, 2016. *Id.* The Settlement resolved both claims even though it only referenced Claim 1662.

11. On July 28, 2017, the City served a Stay Modification Notice on counsel for Latonya Brooks related to Claim 1643 [Doc. No. 12150]. *See* Exhibit 6, Stay Modification Notice. The Stay Modification Notice warned that failure to

prosecute the subject claim could result in disallowance and expungement of the claim. *E.g.*, Stay Modification Notice, p. 4.

12. No further action has been taken with regard to Claim 1643.

### **ARGUMENT**

13. Bankruptcy Code section 502(b)(1) provides

(b) Except as provided in subsections (e)(2), (f), (g), (h) and (i) of this section, if such objection to a claim is made, the court, after notice and a hearing, shall determine the amount of such claim in lawful currency of the United States as of the date of the filing of the petition, and shall allow such claim in such amount, except to the extent that—

(1) such claim is unenforceable against the debtor and property of the debtor, under any agreement or applicable law for a reason other than because such claim is contingent or unmatured;

11 U.S.C. § 502(b)(1).

14. The Settlement resolved both Claim 1662 and Claim 1643. Mr. Brook's lack of action with respect to Claim 1643 indicates that this is her belief as well. Out of an abundance of caution, however, the Court seeks a separate order disallowing and expunging Claim 1643.

### **RELIEF REQUESTED**

15. Claim 1643 should be disallowed and expunged under Bankruptcy Code section 502(b)(1), the ADR Order, and the ADR Procedures because Latonya Brooks has failed to prosecute her claim for over two years after the Stay

Modification Notice was issued. This constitutes abandonment of her claim under ADR Procedure II.G.

### **RESERVATION OF RIGHTS**

16. The City files this Objection without prejudice to or waiver of its rights under section 904 of the Bankruptcy Code, and nothing herein is intended to constitute, constitutes, or may be deemed to constitute the City's consent, under section 904 of the Bankruptcy Code, to the Court's interference with (a) any of the political or governmental powers of the City, (b) the property or revenues of the City, or (c) the City's use or enjoyment of any income-producing property.

17. The City expressly reserves the right to amend, modify, or supplement this Objection. Should the Court dismiss or overrule one or more grounds of objection stated in this Objection, the City reserves its right to object to Claim 1643 on other procedural and substantive grounds, and on the merits of the underlying claim.

### **NOTICE**

18. The City has provided notice of this Objection to Latonya Brooks's attorney. In light of the nature of the relief requested, the City respectfully submits that no other or further notice of the relief requested in this Objection need be given.

**NO PRIOR REQUEST**

19. No previous request for the relief requested herein has been made to this or any other court.

WHEREFORE, the City respectfully asks this Court to enter an order, substantially in the form attached as Exhibit 1, granting the relief requested in this Objection and further relief as this Court may deem just and proper.

Dated: August 6, 2019

Respectfully submitted,

By: /s/ Marc N. Swanson

Jonathan S. Green (P33140)  
Marc N. Swanson (P71149)  
Ronald A. Spinner (P73198)  
MILLER, CANFIELD, PADDOCK AND STONE, P.L.C.  
150 West Jefferson, Suite 2500  
Detroit, Michigan 48226  
Telephone: (313) 963-6420  
Facsimile: (313) 496-8451  
green@millercanfield.com  
swansonm@millercanfield.com

and

Charles N. Raimi (P29746)  
Deputy Corporation Counsel  
City of Detroit Law Department  
2 Woodward Avenue, Suite 500  
Coleman A. Young Municipal Center  
Detroit, Michigan 48226  
Telephone: (313)-237-0470  
Facsimile: (313) 224-5505  
raimic@detroitmi.gov

ATTORNEYS FOR THE CITY OF DETROIT

## **EXHIBIT LIST**

Exhibit 1	Proposed Order
Exhibit 2	Notice
Exhibit 3	Certificate of Service
Exhibit 4	Claim 1643
Exhibit 5	Claim 1662
Exhibit 6	Stay Modification Notice
Exhibit 7	Settlement

**EXHIBIT 1: PROPOSED ORDER**

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

In re:

City of Detroit, Michigan,

Debtor.

Bankruptcy Case No. 13-53846

Judge Thomas J. Tucker

Chapter 9

**ORDER SUSTAINING CITY OF DETROIT’S OBJECTION TO CLAIM  
NUMBER 1643 FILED BY LATONYA BROOKS**

Upon review of the *City of Detroit’s Objection to Claim Number 1643 Filed by Latonya Brooks* (“Objection”),<sup>1</sup> seeking entry of an order disallowing and expunging claim number 1643; and it appearing that this Court has jurisdiction over the Objection under 28 U.S.C. §§ 157 and 1334 and Article VII of the Plan; and the Court finding that this is a core proceeding under 28 U.S.C. § 157(b)(2); and the Court finding that venue of this proceeding and the Objection in this District is proper under 28 U.S.C. §§ 1408 and 1409; and it appearing that the relief requested in the Objection is in the best interests of the City and its creditors; and due and proper notice of the Objection having been given as provided in the Objection; and it appearing that no other or further notice of the Objection need be given; and any objections or other responses to the Objection having been

---

<sup>1</sup> Capitalized terms used but not otherwise defined herein shall have the meaning ascribed to them in the Objection.



overruled or withdrawn; and the Court finding that the legal and factual bases set forth in the Objection and at the hearing establish just cause for the relief granted; and after due deliberation and good and sufficient cause appearing therefore;

IT IS ORDERED that:

1. The Objection is sustained.
2. Claim number 1643 filed by Latonya Brooks is disallowed and expunged in its entirety under Section 502(b) of the Bankruptcy Code.
3. The City's claims agent is authorized to update the claims register to reflect the relief granted in this Order.
4. The City is authorized to take all actions necessary to effectuate the relief granted pursuant to this Order in accordance with the Objection.
5. Notice of the Objection as provided therein is good and sufficient notice of such objection, and the requirements of Bankruptcy Rule 3007(a) and the local rules of the Court are satisfied by such notice.

**EXHIBIT 2: NOTICE**

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

In re:

City of Detroit, Michigan,

Debtor.

Bankruptcy Case No. 13-53846

Judge Thomas J. Tucker

Chapter 9

**NOTICE OF THE CITY OF DETROIT'S OBJECTION  
TO CLAIM NUMBER 1643 FILED BY LATONYA BROOKS**

**PLEASE TAKE NOTICE THAT** the City of Detroit ("City") has filed an objection to claim number 1643 ("Claim") filed by Latonya Brooks because her claim against the City was resolved by the settlement of a related claim and, therefore, she has taken no further action to prosecute the Claim ("Objection").

If you do not want the court to change your Claim, or grant the relief requested in the Objection, then on or before **September 11, 2019**, you or your lawyer must:

1. File with the court, at the address below, a written response to the objection. Unless a written response is filed and served by the date specified, the court may decide that you do not oppose the objection to your claim.

Clerk of the Court  
United States Bankruptcy Court  
211 W. Fort Street, Suite 2100  
Detroit, MI 48226

If you mail your response to the Court for filing, you must mail it early enough so that the Court will **receive** it on or before the date stated above. All attorneys are required to file pleadings electronically.

2. A copy of your response must also be mailed to counsel for the City:

Marc N. Swanson  
Miller, Canfield, Paddock and Stone, PLC  
150 West Jefferson Ave., Ste. 2500  
Detroit, MI 48226

3. You must also attend the hearing on the objection scheduled to be held on **September 18, 2019** at 1:30 p.m. in Courtroom 1925, 211 W. Fort Street, Detroit, MI 48226 unless your attendance is excused by mutual agreement between yourself and the objector's attorney.

**If you or your attorney do not take these steps, the court may decide that you do not oppose the objection to your claim, in which event the hearing will be canceled and the objection sustained.**

MILLER, CANFIELD, PADDOCK AND  
STONE, P.L.C.

By: /s/ Marc N. Swanson  
Marc N. Swanson (P71149)  
150 West Jefferson, Suite 2500  
Detroit, Michigan 48226  
Telephone: (313) 496-7591  
Facsimile: (313) 496-8451  
swansonm@millercanfield.com

Dated: Dated: August 6, 2019

**EXHIBIT 3: CERTIFICATE OF SERVICE**

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

In re:

City of Detroit, Michigan,

Debtor.

Bankruptcy Case No. 13-53846

Judge Thomas J. Tucker

Chapter 9

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that on August 6, 2019, he electronically filed the foregoing *City of Detroit's Objection to Claim Number 1643 Filed by Latonya Brooks* ("Objection") with the Clerk of the Court which will provide notice of the filing to all ECF participants registered in this case. A copy of the Objection was also served upon the following, via first class mail, on the same date:

Michael J. Morse  
Michael J. Morse PC  
24901 Northwestern Highway, Suite 700  
Southfield, MI 48075

By: /s/ Marc N. Swanson

Marc N. Swanson  
150 West Jefferson, Suite 2500  
Detroit, Michigan 48226  
Telephone: (313) 496-7591  
Facsimile: (313) 496-8451  
swansonm@millercanfield.com

Dated: August 6, 2019

**EXHIBIT 4: CLAIM 1643**

In its List of Claims, the City listed your claim as a contingent, unliquidated, and disputed unsecured claim in an unknown amount. To determine if you need to file a claim, please refer to the enclosed Information About Deadlines to File Claims.

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT      EASTERN DISTRICT of MICHIGAN		CHAPTER 9 PROOF OF CLAIM
Name of Debtor: <b>City of Detroit, Michigan</b>		Case Number: <b>13-53846</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em; font-weight: bold;">FEB 19 2014</div> <div style="font-size: 0.8em; font-weight: bold;">COURT USE ONLY</div> <div style="font-size: 0.8em;"><input type="checkbox"/> This claim amends a previously filed claim. <b>US Bankruptcy Court MI Eastern District</b> Court Claim Number: _____ (If known) Filed on: _____</div> <div style="font-size: 0.8em;"><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</div>
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Brooks, Latonya</b>		
Name and address where notices should be sent: NameID: 11702579 <b>Brooks, Latonya Morse, Michael J. Michael J. Morse PC 24901 Northwestern Hwy Ste 700 Southfield, MI 48075 Telephone number: 248-356-9650 email: ncapenigro@BSSmillerwint.com</b>		
Name and address where payment should be sent (if different from above):		<div style="font-size: 0.8em;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold;">FEB 24 2014</div> <div style="font-size: 0.8em;">KURTZMAN CARSON CONSULTANTS</div>
Telephone number: _____ email: _____		
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>150,000.00</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>Personal Injury - 9/8/2011 Motor Vehicle Crash</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b>	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	
<b>4. Secured Claim</b> (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____  Value of Property: \$ _____      Amount of Secured Claim: \$ _____  Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable      Amount Unsecured: \$ _____  Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____		
<b>5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).</b> \$ _____		
<b>5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____.</b> \$ _____		
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		
<b>7. Documents:</b> Attached are <b>redacted</b> copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and <b>redacted</b> copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
<b>8. Signature:</b> (See instruction # 8) Check the appropriate box.  <input type="checkbox"/> I am the creditor. <input checked="" type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.)      (See Bankruptcy Rule 3005.)  I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Nicholas Capenigro</u> Title: <u>Attorney</u> Company: <u>Miller Morse Law Firm</u> Address and telephone number (if different from notice address above): _____ _____ _____ (Signature)      (Date)  Telephone number: _____ email: _____		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

13-53846-tjt Doc 13086 Filed 08/06/19 Entered 08/06/19 13:54:02 Page 1 of 1

1353846131125154029035015

## Emergency Department Image

Patient Name: BROOKS, LATONYA MRN: 342-36-92-6 Birth Date: 05/27/1980 (years) Sex: Female Room/Bed:

PCP: Unassigned PP: Unassigned HFH Primary Insurance: NO INSURANCE

Current Chart: FAIRLANE STORAGE MEDICAL RECORDS FILE

DETROIT FIRE DEPARTMENT - EMS DIVISION									
PREHOSPITAL CARE RUNSHEET									
USE BALL POINT PEN - PRESS FIRMLY, YOU ARE MAKING FOUR COPIES									
1. PATIENT PRIORITY CODE		2. PATIENT NUMBER		PAGE NUMBER		INCIDENT CODE			
3. UNIT ID		RUN DATE		MILEAGE AT		START		SCENE	
4. CALL		STREET		7. UNIT CARE NUMBER		8. INCIDENT LOCATION		5. PROVIDER INCIDENT NO.	
9. CAD NUMBER		10. TIME DISPATCHED		11. TIME ENROUTE		12. TIME ON SCENE		13. TIME DEPART SCENE	
14. TIME AT DESTINATION		15. CLEAR DESTINATION		16. PATIENT NAME		25. PAST MEDICAL HISTORY		26. MEDICATIONS	
17. PATIENT ADDRESS		18. CITY		19. STATE		20. ZIP		21. PHONE	
22. AGE		23. DOB		24. SEX		27. SS NUMBER		28. WAS INVA PT. YES	
29. MEDICARE		30. MEDICAID		31. RESPONSIBLE PARTY NAME		32. RELATIONSHIP		33. PHONE	
34. DISPATCH INFORMATION		35. CHIEF COMPLAINT		36. PATIENT CLASSIFICATION		37. RESPONSE OUTCOME		38. WAS INVA PT. YES	
39. VITALS - 1ST		40. LOC		41. GCS EYES		42. VITALS - 2ND		43. LOC	
44. TIME		45. ALERT		46. VOICE		47. PAIN		48. UNRESP	
49. SKIN CONDITION		50. COOL		51. PALE		52. CYANOTIC		53. FLUSHED	
54. DRY		55. NORMAL		56. MOTOR		57. RESP		58. A	
59. CONTACT MADE		60. RADIO CHANNEL		61. IF COMMUNICATION		62. PROBLEMS, SOP USED?		63. YES	
64. AIRWAY MANAGEMENT		65. IMMOBILIZATION		66. ADVANCED TREATMENTS		67. CPR INFORMATION		68. LIST TIMES	
69. A		70. B		71. C		72. D		73. E	
74. F		75. G		76. H		77. I		78. J	
79. K		80. L		81. M		82. N		83. O	
84. P		85. Q		86. R		87. S		88. T	
89. U		90. V		91. W		92. X		93. Y	
94. Z		95. A		96. B		97. C		98. D	
99. E		100. F		101. G		102. H		103. I	
104. J		105. K		106. L		107. M		108. N	
109. O		110. P		111. Q		112. R		113. S	
114. T		115. U		116. V		117. W		118. X	
119. Y		120. Z		121. A		122. B		123. C	
124. D		125. E		126. F		127. G		128. H	
129. I		130. J		131. K		132. L		133. M	
134. N		135. O		136. P		137. Q		138. R	
139. S		140. T		141. U		142. V		143. W	
144. X		145. Y		146. Z		147. A		148. B	
149. C		150. D		151. E		152. F		153. G	
154. H		155. I		156. J		157. K		158. L	
159. M		160. N		161. O		162. P		163. Q	
164. R		165. S		166. T		167. U		168. V	
169. W		170. X		171. Y		172. Z		173. A	
174. B		175. C		176. D		177. E		178. F	
179. G		180. H		181. I		182. J		183. K	
184. L		185. M		186. N		187. O		188. P	
189. Q		190. R		191. S		192. T		193. U	
194. V		195. W		196. X		197. Y		198. Z	
199. A		200. B		201. C		202. D		203. E	
204. F		205. G		206. H		207. I		208. J	
209. K		210. L		211. M		212. N		213. O	
214. P		215. Q		216. R		217. S		218. T	
219. U		220. V		221. W		222. X		223. Y	
224. Z		225. A		226. B		227. C		228. D	
229. E		230. F		231. G		232. H		233. I	
234. J		235. K		236. L		237. M		238. N	
239. O		240. P		241. Q		242. R		243. S	
244. T		245. U		246. V		247. W		248. X	
249. Y		250. Z		251. A		252. B		253. C	
254. D		255. E		256. F		257. G		258. H	
259. I		260. J		261. K		262. L		263. M	
264. N		265. O		266. P		267. Q		268. R	
269. S		270. T		271. U		272. V		273. W	
274. X		275. Y		276. Z		277. A		278. B	
279. C		280. D		281. E		282. F		283. G	
284. H		285. I		286. J		287. K		288. L	
289. M		290. N		291. O		292. P		293. Q	
294. R		295. S		296. T		297. U		298. V	
299. W		300. X		301. Y		302. Z		303. A	
304. B		305. C		306. D		307. E		308. F	
309. G		310. H		311. I		312. J		313. K	
314. L		315. M		316. N		317. O		318. P	
319. Q		320. R		321. S		322. T		323. U	
324. V		325. W		326. X		327. Y		328. Z	
329. A		330. B		331. C		332. D		333. E	
334. F		335. G		336. H		337. I		338. J	
339. K		340. L		341. M		342. N		343. O	
344. P		345. Q		346. R		347. S		348. T	
349. U		350. V		351. W		352. X		353. Y	
354. Z		355. A		356. B		357. C		358. D	
359. E		360. F		361. G		362. H		363. I	
364. J		365. K		366. L		367. M		368. N	
369. O		370. P		371. Q		372. R		373. S	
374. T		375. U		376. V		377. W		378. X	
379. Y		380. Z		381. A		382. B		383. C	
384. D		385. E		386. F		387. G		388. H	
389. I		390. J		391. K		392. L		393. M	
394. N		395. O		396. P		397. Q		398. R	
399. S		400. T		401. U		402. V		403. W	
404. X		405. Y		406. Z		407. A		408. B	
409. C		410. D		411. E		412. F		413. G	
414. H		415. I		416. J		417. K		418. L	
419. M		420. N		421. O		422. P		423. Q	
424. R		425. S		426. T		427. U		428. V	
429. W		430. X		431. Y		432. Z		433. A	
434. B		435. C		436. D		437. E		438. F	
439. G		440. H		441. I		442. J		443. K	
444. L		445. M		446. N		447. O		448. P	
449. Q		450. R		451. S		452. T		453. U	
454. V		455. W		456. X		457. Y		458. Z	
459. A		460. B		461. C		462. D		463. E	
464. F		465. G		466. H		467. I		468. J	
469. K		470. L		471. M		472. N		473. O	
474. P		475. Q		476. R		477. S		478. T	
479. U		480. V		481. W		482. X		483. Y	
484. Z		485. A		486. B		487. C		488. D	
489. E		490. F		491. G		492. H		493. I	
494. J		495. K		496. L		497. M		498. N	
499. O		500. P		501. Q		502. R		503. S	
504. T		505. U		506. V		507. W		508. X	
509. Y		510. Z		511. A		512. B		513. C	
514. D		515. E		516. F		517. G		518. H	
519. I		520. J		521. K		522. L		523. M	
524. N		525. O		526. P		527. Q		528. R	
529. S		530. T		531. U		532. V		533. W	
534. X		535. Y		536. Z		537. A		538. B	
539. C		540. D		541. E		542. F		543. G	
544. H		545. I		546. J		547. K		548. L	
549. M		550. N		551. O		552. P		553. Q	
554. R		555. S		556. T		557. U		558. V	
559. W		560. X		561. Y		562. Z		563. A	
564. B		565. C		566. D		567. E		568. F	
569. G		570. H		571. I		572. J		573. K	
574. L		575. M		576. N		577. O		578. P	
579. Q		580. R		581. S		582. T		583. U	
584. V		585. W		586. X		587. Y		588. Z	
589. A		590. B		591. C		592. D		593. E	
594. F		595. G		596. H		597. I		598. J	
599. K		600. L		601. M		602. N		603. O	
604. P		605. Q		606. R		607. S		608. T	
609. U		610. V		611. W		612. X		613. Y	
614. Z		615. A		616. B		617. C		618. D	
619. E		620. F		621. G		622. H		623. I	
624. J		625. K		626. L		627. M		628. N	
629. O		630. P		631. Q		632. R		633. S	
634. T		635. U		636. V		637. W		638. X	
639. Y		640. Z		641. A		642. B		643. C	
644. D		645. E		646. F		647. G		648. H	
649. I		650. J		651. K		652. L		653. M	
654. N		655. O		656. P		657. Q		658. R	
659. S		660. T		661. U		662. V		663. W	
664. X		665. Y		666. Z		667. A		668. B	
669. C		670. D		671. E		672. F		673. G	
674. H		675. I		676. J		677. K		678. L	
679. M		680. N		681. O		682. P		683. Q	
684. R		685. S		686. T		687. U		688. V	
689. W		690. X		691. Y		692. Z		693. A	
694. B		695. C		696. D		697. E		698. F	
699. G		700. H		701. I		702. J		703. K	
704. L		705. M		706. N		707. O		708. P	
709. Q		710. R		711. S		712. T		713. U	
714. V		715. W		716. X		717. Y		718. Z	
719. A		720. B		721. C		722. D		723. E	
724. F		725. G		726. H		727. I		728. J	
729. K		730. L		731. M		732. N		733. O	
734. P		735. Q		736. R		737. S		738. T	
739. U		740. V		741. W		742. X		743. Y	
744. Z		745. A		746. B		747. C		748. D	
749. E		750. F		751. G		752. H		753. I	
754. J		755. K		756. L		757. M		758. N	
759. O		760. P		761. Q		762. R		763. S	
764. T		765. U		766. V		767. W		768. X	
769. Y		770. Z		771. A		772. B		773. C	
774. D		775. E		776. F		777. G		778. H	
779. I		780. J		781. K		782. L		783. M	
784. N		785. O		786. P		787. Q		788. R	
789. S		790. T		791. U		792. V		793. W	
794. X		795. Y		796. Z		797. A		798. B	
799. C		800. D		801. E		802. F		803. G	
804. H		805. I		806. J		807. K		808. L	
809. M		810. N		811. O		812. P		813. Q	
814. R		815. S		816. T		817. U		818. V	
819. W		820. X		821. Y		822. Z		823. A	
824. B		825. C		826. D		827. E		828. F	
829. G		830. H		831. I		832. J		833. K	
834. L		835. M		836. N		837. O		838. P	
839. Q		840. R		841. S		842. T		843. U	
844. V		845. W		846. X		847. Y		848. Z	
849. A		850. B		851. C		852. D		853. E	
854. F		855. G		856. H		857. I		858. J	
859. K		860. L		861. M		862. N			

Patient Name: BROOKS, LATONYA MRN: 342-36-92-6 Birth Date: 05/27/ ( ) years) Sex: Female Room/Bed:  
 CP: Unassigned PP: Unassigned HFH Primary Insurance: NO INSURANCE Current Chart: FAIRLANE STORAGE MEDICAL RECORDS FILE 1

EOSINOPHIL, ABS.	0.10 -Stat	[0.00-0.70]	K/uL
BASOPHIL, ABS.	0.00 -Stat	[0.00-0.20]	K/uL
NUCLEATED RED CELL	0 -Stat	[0]	/100 WBC

**Radiologic Studies:**

9/08/2011 16:31 HAND 2 VIEWS LEFT  
 9/08/2011 16:31 FOREARM LEFT 2 VIEWS  
 9/08/2011 16:31 WRIST COMPLETE LEFT 3 VIEWS MI

**Finding**  
 There is a comminuted intra-articular distal radial fracture with 25 degrees anterior apex angulation through the distal radial metaphysis. There is an associated fracture through the base of the ulnar styloid. No hand fractures are seen. Left forearm no additional pathology.

**Impression:** Colles' type fracture with intra-articular radiocarpal joint involvement and associated ulnar styloid fracture.

**Assessment and Plan:**

year old Female with Left distal radius fracture s/p MVA.

- NPO
- IVF
- Pain Control
- Orthopaedic Surgery consult
- Repeat Fast examination in 4-6 hours

**Present on Admission Indicators:**

Decubitus Ulcer ☐ Yes ☒ No  
 Catheter related infection ☐ Yes/ type: ☒ No

**Consultations Requested:** Orthopaedic Surgery

Ogochukwu U. Azuh, MD

**Abbreviations:**

CHF: congestive heart failure, CVA: cerebro-vascular accident, TIA: transient ischemic attack, COPD: chronic obstructive pulmonary disease, mo: month, w/in: with in, wt: weight, Hx: history, PCI/PTCA: percutaneous coronary intervention/ Percutaneous transluminal coronary angioplasty, Dz: disease, Pulm: pulmonary, Heme: hematologic, CAD: coronary artery disease, ECG: electrocardiogram

I examined the patient on the date of my electronic signature. Discussed with resident and agreed with resident's findings and plan as documented in the resident's note.

restrained passenger front seat with airbag. highway speed noticed car in front of them swerving and losing control. tried to avoid and hit that car. did not hit median. no LOC. complains left wrist pain. moving left wrist but has deformity. no c-spine tenderness in room one and f ROM on own so collar removed. no abd pain or tenderness. CXR ok. FAST ok. sent to CAT 1 for wrist x-rays, repeat FAST 4-6 hours and exams  
 ortho consult



Patient Name: BROOKS, LATONYA MRN: 342-36-92-6 Birth Date: 05/27/ [REDACTED] ( [REDACTED] years) Sex: Female Room/Bed:  
P: Unassigned PP: Unassigned HFH Primary Insurance: NO INSURANCE Current Chart: FAIRLANE STORAGE MEDICAL RECORDS FILE 1

Anthony J. Falvo, DO

atient Name: BROOKS, LATONYA MRN: 342-36-92-6 Birth Date: 05/27/ ( ) years) Sex: Female Room/Bed:  
CP: Unassigned PP: Unassigned HFH Primary Insurance: NO INSURANCE Current Chart: FAIRLANE STORAGE MEDICAL RECORDS FILE

History, when available, is viewable under 'All Documents - Procedures/Tests'

\*\*\* SIGNED REPORT \*\*\* SIGNED REPORT \*\*\* SIGNED REPORT \*\*\*

BROOKS, LATONYA 34236926 DOB: 0527 GENDER: FEMALE  
TEST: HAND 2 VIEWS LEFT DATE: 20110908 TIME: 1631

BROOKS, LATONYA MRN: 34236926 DOB: 0527 GENDER: FEMALE  
TEST: HAND 2 VIEWS LEFT DATE: 20110908 TIME: 1631

Patient Location: HFH

Requesting Physician: OTERO, RONNY MD

Date/Time	Exam Description	ICD-9 Code	PACS Acc #
09/08/2011 16:31	HAND 2 VIEWS LEFT	V71.4	026445078
09/08/2011 16:31	FOREARM LEFT 2 VIEWS	V71.4	026445076
09/08/2011 16:31	WRIST COMPLETE LEFT 3 VIEWS MI	V71.4	026445115

Left hand and wrist and left forearm 0908 2011

History MVA

Technique 3 views left wrist 2 views left hand 2 views left forearm

Finding

There is a comminuted intra-articular distal radial fracture with 25 degrees anterior apex angulation through the distal radial metaphysis. There is an associated fracture through the base of the ulnar styloid. No hand fractures are seen. Left forearm no additional pathology. Impression: Colles' type fracture with intra-articular radiocarpal joint involvement and associated ulnar styloid fracture.

Interpreted by:

MARK BURNSTEIN, M.D.

Report reviewed and signed:

MARK BURNSTEIN, M.D.  
09/08/2011 04:36:00 PM

Date signed:

Typed by:

Powerscribe Interface

Patient Name: BROOKS, LATONYA MRN: 342-36-92-6 Birth Date: 05/27/1952 (55 years) Sex: Female Room/Bed:  
 PP: Unassigned HFH Primary Insurance: NO INSURANCE Current Chart: FAIRLANE STORAGE MEDICAL RECORDS FILE 1  
 History, when available, is viewable under 'All Documents - Procedures/Tests'

\*\*\* SIGNED REPORT \*\*\* SIGNED REPORT \*\*\* SIGNED REPORT \*\*\*

ROOKS, LATONYA 34236926 DOB: 0527 GENDER: FEMALE  
 EST: WRIST COMPLETE LEFT 3 VIEWS MI DATE: 20110908 TIME: 1833

ROOKS, LATONYA MRN: 34236926 DOB: 0527 GENDER: FEMALE  
 EST: WRIST COMPLETE LEFT 3 VIEWS MI DATE: 20110908 TIME: 1833

Patient Location: HFH

Requesting Physician: VAJDA, PETER MD

Date/Time	Exam Description	ICD-9 Code	PACS Acc #
09/08/2011 18:33	WRIST COMPLETE LEFT 3 VIEWS MI	780.96	026445487

Left wrist 0908 2011

History pain

Technique 3 views XIP

Findings:

Compared earlier study fracture or angular reduction XIP at the Colles' fracture.

Impression: Angulated fracture reduced XIP

Interpreted by:

MARK BURNSTEIN, M.D.

Report reviewed and signed:

MARK BURNSTEIN, M.D.  
 09/08/2011 07:00:00 PM

Date signed:

Powerscribe Interface

Typed by:

Patient Name: BROOKS, LATONYA MRN: 342-36-92-6 Birth Date: 05/27/1952 years) Sex: Female Room/Bed: [REDACTED]  
 PP: Unassigned HFH Primary Insurance: NO INSURANCE Current Chart: FAIRLANE STORAGE MEDICAL RECORDS FILE 1  
 History, when available, is viewable under 'All Documents - Procedures/Tests'

\*\*\* SIGNED REPORT \*\*\* SIGNED REPORT \*\*\* SIGNED REPORT \*\*\*

ROOKS, LATONYA 34236926 DOB: [REDACTED] 0527 GENDER: FEMALE  
 EST: WRIST COMPLETE LEFT 3 VIEWS MI DATE: 20110912 TIME: 0833

ROOKS, LATONYA MRN: 34236926 DOB: [REDACTED] 0527 GENDER: FEMALE  
 EST: WRIST COMPLETE LEFT 3 VIEWS MI DATE: 20110912 TIME: 0833

atient Location: BLM

requesting Physician: DAVIS, JASON MD

Date/Time	Exam Description	ICD-9 Code	PACS Acc #
09/12/2011 08:33	WRIST COMPLETE LEFT 3 VIEWS MI	813.42	026454699

STUDY: Left wrist 3 views on 9/12/2011.

CLINICAL HISTORY: Distal radius fracture.

TECHNIQUE: PA, lateral, and oblique views of the left wrist were obtained.  
 COMPARISON: Multiple prior examinations, the most recent dated 9/8/2011.  
 FINDINGS: There is redemonstration of the previously described distal radius fracture with intra-articular extension, essentially unchanged in overall appearance and alignment when compared with the prior examination. Assessment for callus formation is difficult given the overlying cast material.

There is also redemonstration of the mildly displaced fracture of the distal ulnar styloid process. Evaluation of fine bony detail is limited by the overlying cast material.

There is no evidence of additional fracture or dislocation.

IMPRESSION: Essentially unchanged appearance of an intra-articular distal radius fracture and ulnar styloid fracture of the left wrist, as described above, with overlying cast material.

Interpreted by:

Report reviewed and signed:  
 Date signed:

Typed by:

COURTNEY SCHER, M.D.  
 Medical Doctor  
 COURTNEY SCHER, M.D.  
 09/12/2011 08:57:00 AM  
 Powerscribe Interface

ient Name: BROOKS, LATONYA MRN: 342-36-92-6 Birth Date: 05/27/ ( years) Sex: Female Room/Bed:  
P: Unassigned PP: Unassigned HFH Primary Insurance: NO INSURANCE Current Chart: FAIRLANE STORAGE MEDICAL RECORDS FILE

History, when available, is viewable under 'All Documents - Procedures/Tests'

\*\*\* SIGNED REPORT \*\*\* SIGNED REPORT \*\*\* SIGNED REPORT \*\*\*

BROOKS, LATONYA 34236926 DOB: 0527 GENDER: FEMALE  
EST: WRIST COMPLETE LEFT 3 VIEWS MI DATE: 20110920 TIME: 0903

BROOKS, LATONYA MRN: 34236926 DOB: 0527 GENDER: FEMALE  
EST: WRIST COMPLETE LEFT 3 VIEWS MI DATE: 20110920 TIME: 0903

atient Location: BLM

requesting Physician: DAVIS, JASON MD

Date/Time	Exam Description	ICD-9 Code	PACS Acc #
09/20/2011 09:03	WRIST COMPLETE LEFT 3 VIEWS MI	813.42	026485244

CLINICAL HISTORY: Fracture, XIP

LEFT WRIST 9/20/2011, 0854 :

PA, lateral and oblique views.

COMPARISON: 9/12/2011

FINDINGS:

Overlying sugar tong splint limits assessment of bone detail.

There is redemonstration of mildly dorsally displaced, dorsally impacted, and apex volarly angulated distal radial comminuted fracture with medial intra-articular extent, and extent into radioulnar articulation, as well as minimally displaced ulnar styloid avulsion fracture. In comparison with previous exam, fragment displacement along the ulnar aspect of the radial fracture appears increased and there is developing positive ulnar variance.

IMPRESSION:

1. Subacute, mildly displaced and angulated, comminuted intra-articular distal radial fracture with appearance of greater fragment displacement at its ulnar aspect, versus some increased impaction or collapse, and developing positive ulnar variance.
2. Grossly stable appearance of minimally displaced ulnar styloid avulsion fracture.

Interpreted by:

Report reviewed and signed:

Date signed:

Typed by:

MILAN PANTELIC, M.D.

MILAN PANTELIC, M.D.  
09/20/2011 09:31:00 AM

Powerscribe Interface

PHYSICIAN DOCUMENTATION SHEET  
Tue Sep 13 15:48:05 EDT 2011

Henry Ford Hospital  
Emergency Department  
2799 W. Grand Blvd.  
Detroit, MI 48202  
PHONE: (313) 916-1545

MRN: 34236926

Name: Brooks, Latonya

Age: [REDACTED]

Complaint: Motor vehicle traffic accident

Arrival Time: 09/08/2011 16:02

All Providers: Bryan Madden; MD EM Staff Ronny Otero; MD EM Staff Peter Vajda

Account #: 1251

Sex: F

DOB: 05/27/[REDACTED]

Primary Diagnosis: Motor vehicle injury

Discharge Time: 09/08/2011 20:19

HPI:

The patient is a [REDACTED]-year-old female who presents with a chief complaint of motor vehicle traffic accident. The history was provided by the patient. The MVA occurred just prior to ED arrival. The patient's location in the vehicle was the front seat passenger. The patient's vehicle was a(n) automobile. Collision was with a(n) automobile. Primary impact was a left front impact. Restraints utilized - seat and shoulder belts. Behavior on scene - no LOC. The mechanism of injury was a(n) collision. The other vehicle swerved and hit their vehicle.

17:00 09/08/2011 by Ronny Otero, MD EM Staff

ROS:

Constitutional: all Negative

Eyes: all Negative

ENMT: all Negative

Cardiovascular: all Negative

Respiratory: all Negative

Gastrointestinal: all Negative

Genitourinary: all Negative

Gynecologic: all Negative

Musculoskeletal: Positive for joint pain, joint swelling and arthralgias.

17:00 09/08/2011 by Ronny Otero, MD EM Staff

PMH:

Reviewed by: physician

Historian: the patient

Medical History: none

Surgical History: none

Allergies		
Allergen	Allergic reaction	Allergy Note
NKDA		

17:01 09/08/2011 by Ronny Otero, MD EM Staff

**Home Medications:**

Medications		
Medication	Dosage	Frequency
None		

**Home Medication Verification:** Verified With No Changes  
17:01 09/08/2011 by Ronny Otero, MD EM Staff

**Physical examination:**

**Vital Signs:** vital signs per nurses

**Constitutional:** alert, awake

**O/E - head - general examn.:** head atraumatic, normalcephalic, no bony depressions or step offs of skull, face atraumatic

**Eyes:** conjunctivae and lid normal, EOMI

**ENMT:** ear, nose and throat exam normal, mouth and pharynx normal

**Neck:** supple, non-tender, in C collar, no bony c-spine tenderness with palpation **NOTE - C spine** cleared as patient only had the left wrist injury. Trauma staff in attendance and patient ranged anc collar removed. No focal or neuro deficit

**Cardiovascular:** NL S1/S2, no Murmurs

**Respiratory:** breath sounds equal bilaterally

**Chest:** non-tender

**Gastrointestinal:** abdomen soft, nontender

**Musculoskeletal:** **NOTE - Dinner fork deformity**

**Skin normal:** capillary refill normal

**Neuro:** A&Ox3

**Extremity Exam:** normal appearance

17:07 09/08/2011 by Ronny Otero, MD EM Staff

**Medical Decision Making:**

**Differential Diagnosis:** abdominal Trauma - Blunt

**Diagnostic Evaluation:** CBC, lytes, UA

**Initial ED therapy:** analgesics, c collar

Consultation					
Consult Service	Consultant	Discussion	Additional Information	Time Called	Time Seen
Surgery - Orthopedic				09/08/2011 04:43 PM	

17:07 09/08/2011 by Ronny Otero, MD EM Staff

**Reassessment:**

**Reassessment:** FAST exam performed by myself with r Falvo present. All 4 areas (-) for free fluid.

Plan is to repeat FAST exam n a few hours.

17:08 09/08/2011 by Ronny Otero, MD EM Staff

Chart electronically signed

17:52 09/08/2011 by Ronny Otero, MD EM Staff

Chart electronically signed by Responsible Physician  
16:22 09/12/2011 by Peter Vajda, MD EM Staff

**Procedures:**

**Ortho Procedure:**

Procedure: application of splint, fracture reduction  
Anesthesia: local infiltration, other  
Reduction/Relocation Technique: traction-countertraction technique  
Immobilization: ace bandage, splint  
Reassessment: pain improved  
Reassessment: deformity improved

Time Out Completed: yes  
Confirmed with: Roc, Gilbert

A resident performed the procedure(s). The supervising staff physician present for key parts of the procedure(s) was: Vajda, Peter - Emergency Medicine

18:47 09/08/2011 by Bryan Madden

**Patient disposition:**

Primary Diagnosis: motor vehicle injury  
Additional diagnoses: closed fracture radius and ulna, distal  
Patient disposition: Disch - Home

19:23 09/08/2011 by Peter Vajda, MD EM Staff

**Discharge:**

Discharge Instructions:  
both bone forearm fracture - with cast, cast care, mva/mvc, r.i.c.e., seat belt use (edu)

Append a Note to Discharge Instructions: F/U WITH ORTHO ON MONDAY. PLEASE CALL FOR APPOINTMENT.

Referral/Appointment			
Refer Patient To:	Phone Number:	Follow-up in	Appointment Details:
Orthopedics-Main Campus 313 916 2181			09/08/2011 07:25 PM

19:26 09/08/2011 by Peter Vajda, MD EM Staff

**Prescriptions:**

Prescription		
Medication	Dispense	Sig Line
VICodin 5 mg-500 mg Tab	#20	1 po q4hr prn pain

19:24 09/08/2011 by Peter Vajda, MD EM Staff



**EXHIBIT 5: CLAIM 1662**

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN		CHAPTER 9 PROOF OF CLAIM
Name of Debtor: <b>City of Detroit, Michigan</b>	Case Number: <b>13-53846</b>	<b>FILED</b>  <b>FEB 19 2014</b> COURT USE ONLY
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Brooks, Latonya</b>		
Name and address where notices should be sent: NameID: 11702480 <b>Brooks, Latonya</b> <b>Mendelson, Marc J.</b> <b>Michael J. Morse PC</b> <b>24901 Northwestern Hwy Ste 700</b> <b>Southfield, MI 48075</b> Telephone number: email:		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. <b>US Bankruptcy Court</b> <b>MI Eastern District</b> (If known) Filed on:
Name and address where payment should be sent (if different from above):  Telephone number: <b>(248) 350-9050</b> email: <b>ncapenigro@855mikewin.com</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <b>RECEIVED</b>
1. Amount of Claim as of Date Case Filed: <b>\$ 26,929.31</b>		<b>FEB 24 2014</b> <b>KURTZMAN CARSON CONSULTANTS</b>
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <b>Personal Injury - 9/8/2011 Motor Vehicle Crash</b> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$  Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable  Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$  Basis for perfection:  Amount of Secured Claim: \$  Amount Unsecured: \$		
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$		
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. \$ \$		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
8. Signature: (See instruction # 8) Check the appropriate box. <input type="checkbox"/> I am the creditor. <input checked="" type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <b>Nicholas Capenigro</b> Title: <b>Attorney</b> Company: <b>Michael J. Morse PC</b> Address and telephone number (if different from notice address above):  Telephone number: email:		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Wage Loss	\$16,993.03
Replacement Services	\$1,040.00
<i>Subtotal</i>	<i>\$18,033.03</i>
Interest	\$2,163.96
<u>Attorney Fees</u>	<u>\$6,732.32</u>
<b>Total Outstanding</b>	<b>\$26,929.31</b>



34236926

BROOKS, LATONYA

11/17/2011

DISABILITY CERTIFICATE

RE: LATONYA Brooks 7/18/11  
 PATIENT NAME DATE OF ACCIDENT

I have examined and/or treated the above-named patient for injuries sustained in the aforementioned accident. As a result of the injuries received in this accident, I have disabled the patient from those activities that are circled or marked with an "X", or the paragraphs with dates imputed:

Diagnosis: Left Distal Radius Fr

(1) Work/Employment Disability: Due to injuries the patient has sustained in the aforementioned accident, it is my opinion that the patient is disabled from working from SEPT 9, 2011 through NOV. 21, 2011.

(2) Work Restrictions: The patient is restricted from the following work related activities (circled):

- Prolonged Standing
- Prolonged Sitting
- Bending
- Twisting
- Squatting
- Kneeling
- Lifting more than \_\_\_\_\_ lbs.
- Climbing/Descending Stairs
- Pushing / Pulling
- Reaching Overhead
- Misc: \_\_\_\_\_

(3) "Housework" or replacement services: Due to injuries sustained in the aforementioned accident, it is my opinion that the patient cannot do the following activities (circled), and is therefore disabled from said activities from 9/12/11 through 10/28/11.

- ☒ Clean floors (mop, sweep, scrub, vacuum)
- ☒ Dishes (loading/un-loading dishwasher) (stacking dishes)
- ☒ Take out garbage
- ☒ Laundry (carrying, loading/un-loading, folding)
- Yard Maintenance (mow lawn, shovel snow, rake leaves, gardening, trim trees)
- ☒ Household Maintenance (hammering, sawing, wrenching, chopping wood, moving furniture, using screwdriver)
- Automotive Maintenance
- ☒ Carrying Groceries
- ☒ Misc: House cleaning

Required help from sister of injury 9/12/11 until 10/28/11

X

(4) Attendant Care: Due to injuries sustained in the aforementioned accident, it is my opinion that the patient needs help taking care of his/her own personal needs including, but not limited to, dressing, bathing, using the restroom, supervising, driving to/from doctor appointments, carrying, passing medication, assisting with bathing, changing bandages, cleaning bandages, lifting, fetching, taking care of grooming needs, anything needing patient to bend or twist, feeding, cooking meals, and general hygiene needs.

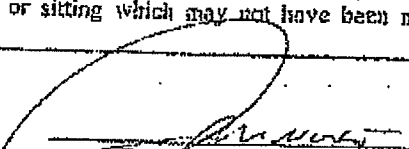
Further, it is my opinion that the patient requires these services from 9/12/11 through 10/18/11 for 3 hours a day, 7 per week.

(5) Driving: Based on injuries the patient sustained in the aforementioned accident, it is my opinion that \_\_\_\_\_ is unable to drive and therefore, requires transportation services from \_\_\_\_\_ through \_\_\_\_\_.

(6) Recreational Activities: Based on injuries sustained in the aforementioned accident, it is my opinion that the patient should not engage or attempt to engage in any activities that may aggravate his/her underlying condition including but not limited to the following activities (circled):

- Bowling
- Golfing
- Swimming
- Water sports - (tubing, canoeing, boating, waterskiing or wake boarding)
- Running / Jogging
- Sporting activities - (baseball, football, soccer, rugby, basketball)
- Biking
- Any physical activity which requires excessive bending, twisting, turning, or prolonged standing or sitting which may not have been mentioned above including: \_\_\_\_\_

Today's Date: 11/17/11

  
Doctor's Signature

Print Name: T. Nease MD

# HOUSEHOLD SERVICES STATEMENT

Injured Party: LATONYA BROOKS

Service Provider Name: Regina Carr

Service Provider Address: 26015 Lake Dr.

Telephone No: 586-790-4596

Social Security No: [REDACTED]

Describe specifically what services were provided:

- A. Cleaning Kitchen
- B. Cleaning Bathroom
- C. Vacuuming
- D. Dusting
- E. Cooking
- F. Dishwashing
- G. Making Beds
- H. Ironing

- I. Laundry
- J. Changing Linens
- K. Snow Shoveling
- L. Grass Cutting
- M. Grocery Shopping
- N. Taking out Garbage
- O. Driving
- P. Running Errands

- Q. Child Care
- R. Home Repairs
- S. Window Washing
- T. Misc: OPEN DORES  
MOB FILM WASH HAIR  
(Be Specific)

Month/Year September 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				①	②	③
④	⑤	⑥	⑦	⑧	⑨ EA O P I	⑩ EA G I
⑪ EA M O	⑫ EA C N	⑬ EA D B	⑭ EA T	⑮ EA P	⑯ EA I	⑰ EA H
⑱ EA	⑲ EA N C	⑳ EA B	㉑ EA T	㉒ EA J	㉓ EA I	㉔ EA J
㉕ EA	㉖ EA N	㉗ EA B	㉘ EA T	㉙ EA M	㉚ EA I D	

Service Provider acknowledges that the Law Offices of Michael J. Morse holds a valid lien on any settlement of the claim and directs that all payments be made payable to the Injured Party and Michael Morse and remitted directly to Michael Morse, P.C. at 25657 Southfield Rd., Southfield MI 48075.

Signature: Regina Carr

Date: October 1, 2011

# HOUSEHOLD SERVICES STATEMENT

Injured Party: LATONYA BROOKS

Service Provider Name: Carolyn Carr McCarry

Service Provider Address: 26015 S Lake Dr

Telephone No: 586-790-4596

Social Security No: [REDACTED]

Describe specifically what services were provided:

- A. Cleaning Kitchen
- B. Cleaning Bathroom
- C. Vacuuming
- D. Dusting
- E. Cooking
- F. Dishwashing
- G. Making Beds
- H. Ironing

- I. Laundry
- J. Changing Linens
- K. Snow Shoveling
- L. Grass Cutting
- M. Grocery Shopping
- N. Taking out Garbage
- O. Driving
- P. Running Errands

- Q. Child Care
- R. Home Repairs
- S. Window Washing
- T. Misc: \_\_\_\_\_

(Be Specific)

Month/Year October 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						① EA B D J
② EA G	③ EA N M	④ EA B	⑤ EA C	⑥ EA I	⑦ OP M	⑧ EB H
⑨ EA G	⑩ E N	⑪ E A	⑫ EA C	⑬ E	⑭ EA H	⑮ OP J
⑯ EA	⑰ EA N	⑱ E M B	⑲ EA OP	⑳ EA D	㉑ E	㉒ E H J
㉓ EA	㉔ EA N	㉕ EA	㉖ EA C	㉗ EA H	㉘ EA P	㉙ EA
㉚ EA	㉛ EN					

Service Provider acknowledges that the Law Offices of Michael J. Morse holds a valid lien on any settlement of the claim and directs that all payments be made payable to the Injured Party and Michael Morse and remitted directly to Michael Morse, P.C. at 25657 Southfield Rd., Southfield MI 48075.

Signature: Carolyn Carr McCarry Dated: November 1, 2011

## CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

## STATEMENT OF EARNINGS AND DEDUCTIONS

230463 PAYROLL B FOR 5/02/2011 TO 5/15/2011 PAID 5/20/2011 ST5001867

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	8000		204758	FICA	100	100	BENEFIT PLAN	140	DEFERRED PAY PLAN	12500	GROSS EARNINGS	7288510	
OVERTIME	5410		216011	FEDERAL WITHHELD	85530	207563	LIFE INS.	100	SURVIVOR BENEFIT			100	
SHIFT PREM.	5600		2800	MICHIGAN WITHHELD	17454	307161	RET. DED.	10238	CREDIT UNION	13800	VACATION	8000	
COLA				DETROIT WITHHELD	10031	176529	BONDS				COMP TIME	2400	
PREM	550		413	HOSPITAL	6012	60120	40650	975			PRIOR COMP TIME	2400	
							40654	24682			SICK TIME	1600	
				UNCF	4010	4095	31130	100			RESERVE SICK TIME	100	
						100	31620	175	BOND PURCHASE		PLV	2400	
							30012	32500	BOND BALANCE				
TOTAL GROSS				TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				218132		AMOUNT OF CHECK		205850	

MAIL 1450 AGENCY 48 UNIT 1455

NOT NEGOTIABLE PAYROLL  
DETACH AND RETAIN FOR YOUR RECORDS

## CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

## STATEMENT OF EARNINGS AND DEDUCTIONS

230463 PAYROLL B FOR 5/16/2011 TO 5/29/2011 PAID 6/03/2011 ST5001876

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE PRINTED IN FULL												WEEK
EMPLOYEE NAME					BANK		ACCOUNT			22		
BROOKS, LATONYA					03							
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000	204758		FICA	100	100	BENEFIT	140	DEFERRED PAY PLAN	12500	GROSS EARNINGS	7601674
OVERTIME	2100	107806		FEDERAL WITHHELD	55677	263240	LIFE INS.	100	SURVIVOR BENEFIT			100
SHIFT PREM.				MICHIGAN WITHHELD	12634	319795	RET. DED.	10238	CREDIT UNION	13800	VACATION	8000
COLA				DETROIT WITHHELD	7261	183190	BONDS		30012	32500	COMP TIME	1600
PREM.	800	600		HOSPITAL	6012	66132	40650	918			PRIOR COMP TIME	1600
				UNCF	4010	4095	40654	24682			SICK TIME	1600
						1100	31130	100	BOND PURCHASE		RESERVE SICK TIME	100
							31620	175	BOND BALANCE			
TOTAL GROSS				TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				AMOUNT OF CHECK				
313164				181507						131657		

MAIL 1450 AGENCY 48 UNIT 1455

NOT NEGOTIABLE PAYROLL  
DETACH AND RETAIN FOR YOUR RECORDS

## CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

## STATEMENT OF EARNINGS AND DEDUCTIONS

230463 PAYROLL B FOR 5/30/2011 TO 6/12/2011 PAID 6/17/2011 ST5001847

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TAX	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000	204758		FICA	100	100	BENEFIT PLAN	140	DEFERRED PAY PLAN	12500	GROSS EARNINGS	7944015
OVERTIME	2350	93831		FEDERAL WITHHELD	62971	326211	LIFE INS.	100	SURVIVOR BENEFIT			100
SHIFT PREM	5600	2800		MICHIGAN WITHHELD	13903	333698	RET. DED.	10238	CREDIT UNION	13800	VACATION	8000
COLA				DETROIT WITHHELD	7990	191780	BONDS				COMP TIME	1600
H.O.T.	800	40952		HOSPITAL	6012	72144	40650	975			PRIOR COMP TIME	1600
							40654	24682			SICK TIME	2400
				UNCF	4010	4095	31130	100			RESERVE SICK TIME	100
					100	1200	31620	175	BOND PURCHASE			
							30012	32500	BOND BALANCE		PLV	2400
TOTAL GROSS			342341	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				189981		AMOUNT OF CHECK		152360

MAIL 1450 AGENCY 48 UNIT 1455

NOT NEGOTIABLE PAYROLL  
DETACH AND RETAIN FOR YOUR RECORDS



30463 PAYROLL

B

FOR

6/13/2011 TO 6/26/2011

PAID

7/01/2011

ST5001895

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

EMPLOYEE NAME						BANK		ACCOUNT		WEEK		
BROOKS, LATONYA						03				26		
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
NO.	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
WUAR	8000	204758		FICA	100	100	BENEFIT PLAN	40	DEFERRED PAY PLAN	12500	GROSS EARNINGS	8352285
REG	5050	201537		FEDERAL WITHHELD	81131	407342	LIFE INS.	00	SURVIVOR BENEFIT			00
SHIFT PM.				MICHIGAN WITHHELD	16771	350469	RET. DED.	10238	CREDIT UNION	13800	VACATION	8000
COLA				DETROIT WITHHELD	9638	201418	BONDS		30012	32500	CAMP TIME	1600
PREM	2500	1875		HOSPITAL	6012	78156	13000	818			PRICED CAMP TIME	1600
					44010	4095	40650	975			SICK TIME	2400
				UNCF	100	1300	40654	24682			RESERVE SICK TIME	100
							31130	100	BOND PURCHASE			
							31620	75	BOND BALANCE			
TOTAL GROSS				TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				AMOUNT OF CHECK				
1450				48 UNIT 1455				213475		194795		

NOT NEGOTIABLE PAYROLL  
DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

30463 PAYROLL

B

FOR

6/27/2011 TO 7/10/2011

PAID

7/15/2011

ST5001682

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

EMPLOYEE NAME				BANK		ACCOUNT		WEEK				
BROOKS, LATONYA				03				28				
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	2400	61427		FICA	100	100	BENEFIT PLAN	40	DEFERRED PAY PLAN	12500	GROSS EARNINGS	8762343
REGULAR	3480	138949		FEDERAL WITHHELD	60805	468147	LIFE INS.	00	SURVIVOR BENEFIT			00
SHIFT PM.	800	400		MICHIGAN WITHHELD	16848	367317	RET. DED.	10238	CREDIT UNION	13800	VACATION	00
COLA				DETROIT WITHHELD	9683	211101	BONDS				COMP TIME	1600
PREM	100	25000		HOSPITAL	6012	84168	40650	975			PROR COMP TIME	1600
					44010	4095	40654	24682			SICK TIME	3200
				UNCF	100	1400	31130	100			RESERVE SICK TIME	4000
							31620	75	BOND PURCHASE		SWH	1600
							30012	32500	BOND BALANCE			
TOTAL GROSS				TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				AMOUNT OF CHECK				
1450				48 UNIT 1455				192453		217605		

NOT NEGOTIABLE PAYROLL  
DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

230463 PAYROLL

B

FOR

7/11/2011 TO 7/24/2011

PAID

7/29/2011

ST5001881

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL PAYMENTS												WEEK	
EMPLOYEE NAME						BANK		ACCOUNT			WEEK		
BROOKS, LATONYA						03					30		
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	8000		204758	FICA	100	100	BENEFIT PLAN	40	DEFERRED PAY PLAN	12500	GROSS EARNINGS	9146056	
REGULAR	4450		157660	FEDERAL WITHHELD	74255	542402	LIFE INS.	00	SURVIVOR BENEFIT			00	
SHIFT PREM.				MICHIGAN WITHHELD	15702	383019	RET. DED.	10238	CREDIT UNION	13800	VACATION	00	
COLA				DETROIT WITHHELD	9024	220125	BONDS				COMP TIME	1600	
PREM	1700		1275	HOSPITAL	6012	90180	40650	975			PROR COMP TIME	1600	
							40654	24682			SICK TIME	3200	
				UNCF	100	1500	31130	100			RESERVE SICK TIME	4000	
							31620	75	BOND PURCHASE		SWR	1600	
							30012	32500	BOND BALANCE				
TOTAL GROSS				TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS						AMOUNT OF CHECK			
383713				204098								179615	

NOT NEGOTIABLE PAYROLL  
DETACH AND RETAIN FOR YOUR RECORDS

## CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

## STATEMENT OF EARNINGS AND DEDUCTIONS

230463 PAYROLL B FOR 7/25/2011 TO 8/07/2011 PAID 8/12/2011 ST5001887

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

EMPLOYEE NAME				BANK		ACCOUNT				WEEK							
BROOKS, LATONYA				03						32							
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE							
CODE OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT					
REGULAR	8000		204758	FICA	100	100	BENEFIT PLAN	40	DEFERRED PAY PLAN	12500	GROSS EARNINGS	9510582					
OVERTIME	3920		56518	FEDERAL WITHHELD	68883	611285	LIFE INS.	00	SURVIVOR BENEFIT			00					
SHIFT PREM.	5600		2800	MICHIGAN WITHHELD	14868	397887	RET. DED.	10238	CREDIT UNION	13800	VACATION	00					
COLA				DETROIT WITHHELD	8545	228670	BONDS		30012	32500	COMP TIME	1600					
PREM	600		450	HOSPITAL	6012	96192		818			PRIOR COMP TIME	1600					
							40650	975			SICK TIME	4000					
				44010	4095	65520	40654	24682			RESERVE SICK TIME	4000					
				UNCF	100	1600	31130	100	BOND PURCHASE		SWH	1600					
							31620	75	BOND BALANCE		PLV	2400					
TOTAL GROSS				364326				TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				198231		AMOUNT OF CHECK		166295	

MAIL CODE 1450 AGENCY 48 UNIT 1455

NOT NEGOTIABLE PAYROLL  
DETACH AND RETAIN FOR YOUR RECORDS

## CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

## STATEMENT OF EARNINGS AND DEDUCTIONS

230463 PAYROLL B FOR 8/22/2011 TO 9/04/2011 PAID 9/09/2011 ST5001786

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

EMPLOYEE NAME						BANK		ACCOUNT		WEEK		
BROOKS, LATONYA						03				36		
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
RATE OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	8000		204758	FICA	100	100	BENEFIT PLAN	40	DEFERRED PAY PLAN	12500	GROSS EARNINGS	327402
SWEETTIME	5990		239170	FEDERAL WITHHELD	92234	773626	LIFE INS.	00	SURVIVOR BENEFIT			00
SHIFT PREM.	6400		3200	MICHIGAN WITHHELD	18496	431441	RET. DED.	10238	CREDIT UNION	13800	VACATION	00
COLA				DETROIT WITHHELD	10630	247954	BONDS			30012	COMP TIME	1600
PREM	900		795	HOSPITAL	6012	108216		818			PRIOR COMP TIME	1600
							40650	975			SICK TIME	4800
				44010	4095	73710	40654	24682			RESERVE SICK TIME	4000
				UNCF	100	1800	31130	100	BOND PURCHASE		SWH	1600
							31620	75	BOND BALANCE			
TOTAL GROSS			447923	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				227295	AMOUNT OF CHECK		220628	

MAIL CODE 1450 AGENCY 48 UNIT 1455

NOT NEGOTIABLE PAYROLL  
DETACH AND RETAIN FOR YOUR RECORDS

## CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

## STATEMENT OF EARNINGS AND DEDUCTIONS

230463 PAYROLL B FOR 9/05/2011 TO 9/18/2011 PAID 9/23/2011 ST5001783

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

EMPLOYEE NAME				BANK		ACCOUNT				WEEK			
BROOKS, LATONYA				03						38			
EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS								YEAR TO DATE	
TYPE	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	4000		102379	FICA	100	00	BENEFIT PLAN	40	DEFERRED PAY PLAN	12500	GROSS EARNINGS	562106	
OVERTIME	750		29946	FEDERAL WITHHELD	36062	809688	LIFE INS.	00	SURVIVOR BENEFIT	13800		00	
SHIFT PREM.	4000		102379	MICHIGAN WITHHELD	9221	440662	RET. DED.	10238	CREDIT UNION		VACATION	00	
COLA				DETROIT WITHHELD	5299	253253	BONDS				COMP TIME	1600	
SICK				HOSPITAL	6012	114228		975			PRIOR COMP TIME	1600	
				44010	4095	77805	40654	24682			SICK TIME	800	
				UNCF	100	1900	31130	100	BOND PURCHASE		RESERVE SICK TIME	4000	
							31620	75	BOND BALANCE		SWH	4000	
								32500			PLV	1600	
TOTAL GROSS			234704	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				15569	AMOUNT OF CHECK		79005		

MAIL CODE 1450 AGENCY 48 UNIT 1455

NOT NEGOTIABLE PAYROLL  
DETACH AND RETAIN FOR YOUR RECORDS

## CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

## STATEMENT OF EARNINGS AND DEDUCTIONS

230463 PAYROLL B FOR 8/22/2011 TO 9/04/2011 PAID 9/09/2011 ST5001786

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

*PAY 3K prior to accident*

EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	8000		204758	FICA	100	100	BENEFIT PLAN	40	DEFERRED PAY PLAN	12500	GROSS EARNINGS	327402	
OVERTIME	5990		239170	FEDERAL WITHHELD	92234	773626	LIFE INS.	100	SURVIVOR BENEFIT			00	
SHIFT PREM.	6400		3200	MICHIGAN WITHHELD	18496	431441	RET. DET.	10238	CREDIT UNION	13800	VACATION	00	
COLA				DETROIT WITHHELD	10630	247954	BONDS			30012	COMP TIME	1600	
PREM	900		795	HOSPITAL	6012	108216		818			PRIOR COMP TIME	1600	
				44010	4095	73710	40650	975			SICK TIME	4800	
				UNCF	100	1800	40654	24682			RESERVE SICK TIME	4000	
							31130	100	BOND PURCHASE		SWH	1600	
							31620	75	BOND BALANCE				
TOTAL GROSS			447923	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			227295			AMOUNT OF CHECK		220628	

MAIL CODE 1450 AGENCY 48 UNIT 1455

NOT NEGOTIABLE PAYROLL  
DETACH AND RETAIN FOR YOUR RECORDS

## CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

## STATEMENT OF EARNINGS AND DEDUCTIONS

230463 PAYROLL B FOR 9/05/2011 TO 9/18/2011 PAID 9/23/2011 ST5001783

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

*OK white lot working*

EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	4000		102379	FICA	100	100	BENEFIT PLAN	40	DEFERRED PAY PLAN	12500	GROSS EARNINGS	562106	
OVERTIME	750		29946	FEDERAL WITHHELD	36062	809688	LIFE INS.	100	SURVIVOR BENEFIT	13800		00	
SHIFT PREM.	4000		102379	MICHIGAN WITHHELD	9221	440662	RET. DET.	10238	CREDIT UNION		VACATION	00	
COLA				DETROIT WITHHELD	5299	253253	BONDS	975			COMP. TIME	1600	
SICK				HOSPITAL	6012	114228	40650	975			PRIOR COMP. TIME	1600	
				44010	6012	114228	40654	24682			SICK TIME	800	
				UNCF	4095	77805	40654	100			RESERVE SICK TIME	800	
					100	1900	31130	75			SWH	4000	
							31620	32500				1600	
TOTAL GROSS			234704	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			15569			AMOUNT OF CHECK		79005	

MAIL CODE 1450 AGENCY 48 UNIT 1455

NOT NEGOTIABLE PAYROLL  
DETACH AND RETAIN FOR YOUR RECORDS

## CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

## STATEMENT OF EARNINGS AND DEDUCTIONS

230463 PAYROLL B FOR 9/19/2011 TO 07/02/2011 PAID 10/07/2011 ST5001844

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

*OK white lot working*

EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	5600		143331	FICA	100	100	BENEFIT PLAN	40	DEFERRED PAY PLAN	12500	GROSS EARNINGS	705437	
OVERTIME				FEDERAL WITHHELD	15239	824927	LIFE INS.	100	SURVIVOR BENEFIT	13800		00	
SHIFT PREM.				MICHIGAN WITHHELD	5246	445908	RET. DET.	10238	CREDIT UNION	32500	VACATION	00	
COLA				DETROIT WITHHELD	3015	256268	BONDS	818			COMP. TIME	1600	
SICK				HOSPITAL	6012	120240	13000	975			PRIOR COMP. TIME	1600	
				44010	6012	120240	40650	975			SICK TIME	00	
				UNCF	4095	81900	40654	24682			RESERVE SICK TIME	00	
					100	2000	40654	100			SWH	00	
							31130	75				1600	
TOTAL GROSS			143331	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			12943			AMOUNT OF CHECK		13896	

OK's  
while  
Not  
working

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION  
 230463 PAYROLL B FOR 10/03/2011 TO 0/16/2011 PAID 10/21/2011 ST5001811  
 YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

EMPLOYEE NAME: BROOKS, LATONYA BANK: 03 ACCOUNT: [REDACTED] WEEK: 42

EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
END OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	800		20476	FICA	100	100	BENEFIT PLAN	40	DEFERRED PAY PLAN	12500	GROSS EARNINGS	910195	
OVERTIME	7200		184282	FEDERAL WITHHELD	28575	853502	LIFE INS.	100	SURVIVOR BENEFIT	13800		100	
SHIFT PREM.				MICHIGAN WITHHELD	7918	453826	RET. DET.	10238	CREDIT UNION		VACATION	8000	
COLA				DETROIT WITHHELD	4551	260819	BONDS	975			COMP. TIME	1600	
INJ				HOSPITAL	44010	6012	40650	24682			COMP. TIME	1600	
				UNCF	4095	85995	40654	100			SICK TIME	100	
					100	2100	31130	175			RESERVE SICK TIME	100	
							31620	32500			SWH	1600	
TOTAL GROSS			204758	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			14616			AMOUNT OF CHECK			58597

MAIL CODE 1450 AGENCY 48 UNIT 1455 NOT NEGOTIABLE DETACH AND RETAIN FOR YOUR RECORDS PAYROLL

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION  
 230463 PAYROLL B FOR 10/17/2011 TO 10/30/2011 PAID 11/04/2011 ST5001829  
 YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

EMPLOYEE NAME: BROOKS, LATONYA BANK: 03 ACCOUNT: [REDACTED] WEEK: 44

EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
END OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR				FICA	100	100	BENEFIT PLAN	40	DEFERRED PAY PLAN	12500	GROSS EARNINGS	1114953	
OVERTIME				FEDERAL WITHHELD	28575	882077	LIFE INS.	100	SURVIVOR BENEFIT	13800		100	
SHIFT PREM.				MICHIGAN WITHHELD	7918	461744	RET. DET.	10238	CREDIT UNION		VACATION	8000	
COLA				DETROIT WITHHELD	4551	265370	BONDS	975			COMP. TIME	1600	
INJ	8000		04758	HOSPITAL	6012	132264	40650	818			COMP. TIME	1600	
				UNCF	4095	90096	40654	24682			SICK TIME	100	
					100	2200	31130	100			RESERVE SICK TIME	100	
							31620	175			SWH	1600	
TOTAL GROSS			204758	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			146979			AMOUNT OF CHECK			57779

MAIL CODE 1450 AGENCY 48 UNIT 1455 NOT NEGOTIABLE DETACH AND RETAIN FOR YOUR RECORDS PAYROLL

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION  
 230463 PAYROLL B FOR 10/31/2011 TO 11/13/2011 PAID 11/18/2011 ST5001782  
 YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

EMPLOYEE NAME: BROOKS, LATONYA BANK: 03 ACCOUNT: [REDACTED] WEEK: 46

EARNINGS				TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
END OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	
REGULAR	800		20476	FICA	100	100	BENEFIT PLAN	40	DEFERRED PAY PLAN	12500	GROSS EARNINGS	1319711	
OVERTIME				FEDERAL WITHHELD	28575	910652	LIFE INS.	100	SURVIVOR BENEFIT	13800		100	
SHIFT PREM.				MICHIGAN WITHHELD	7918	469662	RET. DET.	10238	CREDIT UNION		VACATION	8000	
COLA				DETROIT WITHHELD	4551	269921	BONDS	975			COMP. TIME	1600	
INJ	7200		84282	HOSPITAL	6012	138276	40650	975			COMP. TIME	1600	
				UNCF	4095	94185	40654	24682			SICK TIME	800	
					100	2300	31130	100			RESERVE SICK TIME	100	
							31620	175			SWH	1600	
TOTAL GROSS			204758	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS			146161			AMOUNT OF CHECK			58597

MAIL CODE 1450 AGENCY 48 UNIT 1455 NOT NEGOTIABLE DETACH AND RETAIN FOR YOUR RECORDS PAYROLL



PO Box 100195  
Columbia, SC 29202-3195

Latonya Brooks  
5517 Pembury Ln  
W. Bloomfield, MI 48322

Payee Name:	Latonya Brooks	Claim Submitted For:	Latonya Brooks
Date of Loss:	09/08/2011	Payment Date:	11/10/2011
Claim Number:	01771773590010 987911169		

Below is an explanation of your claim's status and the benefits this payment provides:

Benefit Paid	Payment Rate	Date(s)	Amount
Total Disability	At 1000.00/month ( 33.33/day)	10/13/2011-11/13/2011	1000.00
Total Amount of Payment			\$1,000.00

- \* Your policy defines a month as 30 days. Regardless of the number of days in a covered month, disability benefits are payable at the monthly rate for each full month of coverage. Benefits for a partial month are payable at the daily rate. The daily rate is one thirtieth of the monthly rate.
- \* We have enclosed a disability claim form for you to use when you file for additional total disability benefits. We cannot provide total disability benefits beyond the date you have actually missed work or beyond the dates you missed work, as confirmed by your doctor and your employer.

Please send us a current statement from your doctor advising us of the date you expect to return to work. This information will help us simplify your future claim filing process. If we do not receive any further information within 60 days, your claim file will become inactive.

Please submit all of the information requested below so that we may review for additional benefits. We are able to process your claim more promptly if we receive all of the information requested.

- \* A written statement from your doctor that confirms the dates you have been totally disabled and unable to work.
- \* A statement from your doctor that provides the dates of medical treatment related to this claim. To receive benefits under this policy, you must be under a doctor's care.
- \* A statement from your employer that confirms the dates you have been totally disabled and unable to work.

Disability  
Insurance

PROFESSIONAL INSURANCE COMPANY  
IN CA, PIC LIFE INSURANCE CO.  
P.O. BOX 85656  
LINCOLN NE 68501

PLEASE DIRECT INQUIRIES TO: 1-800-289-1122

DATE: 11/21/11  
CHECK NO: 0001632962  
CLAIM NO: 00257011  
AGENT NAME: NATHANIEL REID  
AGENT NO: OE566  
POLICY NO: 52113435  
FORM NO: DI050 CA  
GROUP NO: W0072  
INSURED NAME: LATONYA BROOKS  
CLAIMANT NAME: LATONYA BROOKS  
CHECK AMOUNT: \$764.00

000000061 0001632962 1 1 0276 188

LATONYA BROOKS  
5517 PEMBURY LN  
WEST BLOOMFIELD TWP MI 48322

Explanation:	No. of Days:	Amount:
SERVICE DATES 08/09/2011 THRU 11/06/2011	59	\$0.00
DISABILITY INCOME/ACCIDENT		\$764.00
AMOUNT APPLIED TO PAYMENT		\$764.00
THIS IS A PARTIAL PAYMENT		\$0.00
BENEFITS BEGUN ON 1ST DAY OF DISABILITY		\$0.00
CLAIMANT'S PORTION MUST BE SENT SEPARATELY		\$0.00
PHYSICIAN'S PORTION MUST BE COMPLETED		\$764.00

Disability  
Insurance

## **EXHIBIT 6: STAY MODIFICATION NOTICE**



**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

-----	X	
	:	
In re	:	Chapter 9
	:	
CITY OF DETROIT, MICHIGAN,	:	Case No. 13-53846
	:	
Debtor.	:	Hon. Thomas J. Tucker
	:	
-----	X	

**STAY MODIFICATION NOTICE**

Date Proof of Claim Filed: 2/19/2014

Designated Claimant: Brooks, Latonya

Address: Morse, Michael J.  
Michael J. Morse PC  
24901 Northwestern Hwy Ste 700  
Southfield MI 48075

Proof of Claim Number: 1643

Caption of Any Pending  
Related Lawsuit: None

Case Number: Not applicable

Court: Not applicable

Co-Defendants (if any): Not applicable

By this Stay Modification Notice, the City of Detroit ("the City") hereby provides notice that it has elected to permit the liquidation in a non-bankruptcy forum of the above-identified proof of claim ("the Claim") in the City's case ("the Chapter 9 Case") under chapter 9 of title 11 of the United States Code ("the Bankruptcy Code"), pursuant to the procedures ("the ADR





Procedures") established by the Order, Pursuant to Sections 105 and 502 of the Bankruptcy Code, Approving Alternative Dispute Resolution Procedures to Promote the Liquidation of Certain Prepetition Claims (Docket No. 2302) ("the ADR Order"), entered by the United States Bankruptcy Court for the Eastern District of Michigan ("the Bankruptcy Court") on December 24, 2013.<sup>194</sup>

Section I.A of the ADR Procedures provides that the City may designate any proof of claim timely filed in the Chapter 9 Case (other than certain "Excluded Claims") for liquidation pursuant to the ADR Procedures by serving an ADR Notice on the applicable claimant. Any proof of claim designated for liquidation through the ADR Procedures is referred to as a "Designated Claim." Section I.A of the ADR Procedures further provides that certain timely filed proofs of claim (other than Excluded Claims) (collectively, "the Initial Designated Claims") shall be deemed to be Designated Claims subject to the ADR Procedures prior to the City serving an ADR Notice on the applicable claimant.

Paragraph 9 of the ADR Order provides, however, that the City in its sole discretion (a) may elect not to send an ADR Notice to any holder of an Initial Designated Claim and (b) instead file and serve on the applicable Designated Claimant a Stay Modification Notice with respect to the Initial Designated Claim. In that event, except as provided below with respect to Multi-Party Tort Claims, immediately upon the filing of the Stay Modification Notice: (a) the automatic stay of sections 362 and 922 of the Bankruptcy Code, as modified and extended from time to time by orders of the Bankruptcy Court ("the Stay"); or (b) any similar injunction (together with the Stay, "the Stay/Injunction") that may be imposed upon the confirmation or

---

<sup>194</sup> Capitalized terms not otherwise defined herein have the meanings given to them in the ADR Order.

effectiveness of a plan of adjustment of debts confirmed in the City's chapter 9 case (a "Chapter 9 Plan") is deemed modified with respect to the applicable Initial Designated Claim solely to permit the liquidation of the claim in a non-bankruptcy forum.

Certain Designated Claims (each, a "Multi-Party Tort Claim") arise out of personal injury actions (a) asserted concurrently against the City and one or more current or former members of the Detroit Fire Fighters Association, the Detroit Police Officers Association, the Detroit Police Lieutenants & Sergeants Association or the Detroit Police Command Officers Association (each such member, a "Public Safety Union Member") and (b) with respect to which, the applicable Public Safety Union Member seeks related defense costs and/or an indemnification claim from the City (any such Public Safety Union Member, an "Indemnification Claimant," and any such claim, an "Indemnification Claim"). Concurrently with the filing of a Stay Modification Notice for a Multi-Party Tort Claim, the City shall serve a copy of the ADR Notice of the Public Safety Unions and on any related Indemnification Claimant known to the City. Pursuant to paragraph 9 of the ADR Order, solely in the case of Multi-Party Tort Claims, the Stay/Injunction is not deemed modified immediately upon the filing of the Stay Modification Notice. Instead, the Stay/Injunction is deemed modified with respect to the Multi-Party Tort Claim and any related Indemnification Claims 35 days after the filing of the Stay Modification Notice unless the Public Safety Unions or the applicable Indemnification Claimant(s) file a Stay Preservation Motion. If a Stay Preservation Motion is filed, then the Court will determine whether relief from the Stay/Injunction is appropriate with respect to the Multi-Party Tort Claim pursuant to the standards set forth in section 362(d) of the Bankruptcy Code. The City believes that the Claim **does not constitute** a Multi-Party Tort Claim.

Upon modification of the Stay/Injunction as a result of the filing and service of a Stay Modification Notice, the liquidation of each applicable Initial Designated Claim shall proceed in either: (a) the non-bankruptcy forum in which the Initial Designated Claim was pending on the Petition Date, if any, subject to the City's right to seek removal or transfer of venue or other procedural relief; or (b) if the Initial Designated Claim was not pending in any forum on the Petition Date, then in the United States District Court for the Eastern District of Michigan or such other non-bankruptcy forum selected by you that (i) has personal jurisdiction over the parties, (ii) has subject matter jurisdiction over the claim, (iii) has in rem jurisdiction over the property involved in the Initial Designated Claim (if applicable) and (iv) is a proper venue.

**The City has reviewed the Claim and has elected, pursuant to paragraph 9 of the ADR Procedures, to permit the liquidation of the Claim in a non-bankruptcy forum. Note that, if you do not promptly proceed with the prosecution of the Claim in the applicable non-bankruptcy forum, the City reserves its right to seek appropriate relief from the non-bankruptcy forum or the Bankruptcy Court, including, without limitation, the disallowance and expungement of the Claim.** A copy of this Stay Modification Notice may be filed with the non-bankruptcy court in which the Claim is to be liquidated as notice of the lifting of the Stay/Injunction to permit the applicable non-bankruptcy forum to adjudicate the liquidation of the Claim for purposes of the Chapter 9 Case.

Following liquidation of the Claim, whether by settlement or final judgment, you will receive an allowed general unsecured non-priority claim against the City, in the liquidated amount of the claim, which will be treated in accordance with the terms of any Chapter 9 Plan, and not a full cash payment of the liquidated amount of the Claim. For the avoidance of doubt, pursuant to paragraph 10 of the ADR Order, all proceedings against the City (or any

Indemnification Claimant) relating to the Claim following the liquidation of the Claim shall remain subject to the Stay/Injunction, absent further order of the Bankruptcy Court.

If necessary, any disputes regarding the application of the foregoing terms, conditions and limitations, the ADR Procedures or the ADR Order shall be determined by the Bankruptcy Court; provided that disputes about the jurisdiction of a matter presented to a non-bankruptcy court may be determined by such court.

City of Detroit Law Department

By: /s/ Mary Beth Cobbs  
Mary Beth Cobbs (P-40080)  
Assistant Corporation Counsel  
2 Woodward Ave, Suite 500  
Detroit, MI 48226  
Phone: (313) 237-3075  
Email: cobbm@detroitmi.gov

Dated: July 28, 2017

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

	X	
	:	
In re	:	Chapter 9
	:	
CITY OF DETROIT, MICHIGAN,	:	Case No. 13-53846
	:	
Debtor.	:	Hon. Thomas J. Tucker
	:	
	:	
	X	

**PROOF OF SERVICE**

I certify that on July 28, 2017 I electronically filed the Stay Modification Notice regarding claim number 1643 with the Clerk of the Court using the ECF system, which will send notification of such filing and a copy of the pleading to all counsel of record by First Class Mail.

This Stay Modification Notice to Claimant's counsel at the following addresses:

Morse, Michael J.  
Michael J. Morse PC  
24901 Northwestern Hwy Ste 700  
Southfield MI48075

By: /s/ Mary Beth Cobbs  
Mary Beth Cobbs (P-40080)  
Assistant Corporation Counsel  
2 Woodward Ave, Suite 500  
Detroit, MI 48226  
Phone: (313) 237-3075  
Email: cobbm@detroitmi.gov

Dated: July 28, 2017

## **EXHIBIT 7: SETTLEMENT**

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

	X	
In re	:	Chapter 9
	:	
CITY OF DETROIT, MICHIGAN,	:	Case No. 13-53846
	:	
Debtor.	:	Hon. Steven W. Rhodes
	:	
	X	

**AGREEMENT RESOLVING CLAIM OF LATONYA BROOKS**

The City of Detroit (the "City") and the claimant identified in paragraph 2 below (the "Claimant") and, together with the City, the "Parties"), by and through their respective authorized representatives, do hereby agree as follows:

**RECITALS**

A. On July 18, 2013, the City commenced the above-captioned case (the "Chapter 9 Case") by filing a petition for relief under chapter 9 of title 11 of the United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the Eastern District of Michigan (the "Bankruptcy Court"). On December 5, 2013, following its determination that the City met all of the applicable requirements and is eligible to be a debtor under chapter 9 of the Bankruptcy Code, the Bankruptcy Court entered the Order for Relief Under Chapter 9 of the Bankruptcy Code (Docket No. 1946) with respect to the City.

B. Pursuant to section 904 of the Bankruptcy Code, the City may continue to exercise its political and governmental powers, manage its property and revenues and use and enjoy its income-producing property without interference from the Bankruptcy Court.

C. On December 24, 2013, the Bankruptcy Court entered the Order, Pursuant to Sections 105 and 502 of the Bankruptcy Code, Approving Alternative Dispute Resolution Procedures to Promote the Liquidation of Certain Prepetition Claims (Docket No. 2302) (the "ADR Order") establishing certain alternative dispute resolution procedures (collectively, the "ADR Procedures") to promote the resolution of certain claims designated by the City.

D. The Claimant is the current record holder of the proof[s] of claim identified under the heading "Filed Claim Number" in the table in paragraph 2 below (the "Filed Claim[s]").

E. The City (i) reviewed the Filed Claim[s] and the facts and circumstances of the alleged liabilities asserted therein and (ii) designated the Filed Claim[s] for potential resolution through the ADR Procedures.

F. The City believes that the resolution of the Filed Claim[s] as set forth in this Agreement is fair, reasonable and appropriate and will allow the Parties to avoid the cost, delay and burden of litigating potential disputes related to the Filed Claim[s]. In accordance with the ADR Order, the resolution of the Filed Claim[s] set forth in this Agreement terminates the ADR Procedures with respect to the Filed Claim[s] pursuant to section II.A.7 of the ADR Procedures.

G. Pursuant to section 904 of the Bankruptcy Code, the City is authorized to propose and enter into this Agreement without further order of the Bankruptcy Court.

H. The undersigned is authorized to enter into this Agreement on behalf of the City pursuant to a confidential memorandum dated March 25, 2014 that was issued to the City of Detroit Corporation Counsel by Kevyn Orr, Emergency Manager for the City of Detroit, entitled Litigation Claim Settlement Authority.

I. The Parties have agreed to the terms set forth in this Agreement, as indicated by the signatures of their respective authorized representatives below.



## AGREEMENT

1. The Claimant represents and warrants to the City that it has not sold, assigned, factored or otherwise transferred any portion of or interest in the Filed Claim[s] and is the sole holder of the Filed Claim[s], with full authority to enter into this Agreement. The Claimant further agrees to indemnify and hold the City harmless for any damages, including without limitation actual and reasonable out of pocket costs, resulting from a breach of its representations and warranties set forth in this paragraph.
2. The Filed Claim[s] is deemed amended, modified and allowed as a general unsecured, nonpriority claim (any such claim, a "Settled Claim") in the corresponding amount set forth in the table below under the heading "Settled Claim Amount":

Claimant	Filed Claim Number(s)	Filed Claim Amount	Filed Claim Priority	Settled Claim Amount	Settled Claim Priority
Latonya Brooks	1662	\$26,929.31	General unsecured, nonpriority	\$22,483.03	<sup>1st party</sup> General unsecured, nonpriority

3. The Parties agree that any Filed Claim identified in paragraph 2 above for which there is no corresponding Settled Claim (or such amount is listed as \$0.00) is hereby withdrawn and deemed disallowed and expunged, pursuant to section 502 of the Bankruptcy Code.
4. The Claimant will not further amend the Filed Claim[s] (or the Settled Claim[s]) or file any additional proofs of claim with respect to the liabilities asserted in the Filed Claim[s]. Any further amendments to the Filed Claim[s] (or the Settled Claim[s]) or any additional claims filed by the Claimant or their successors or assigns with respect to the liabilities asserted in the Filed Claim[s] shall be null, void and of no effect.
5. The Parties agree that any Settled Claim is a general unsecured, nonpriority claim, subject to the treatment provided for such claims under any chapter 9 plan for the adjustment of debts confirmed by the Bankruptcy Court (a "Plan").

6. Any distribution made to the Claimant pursuant to a Plan is referred to herein as a "Plan Distribution." If the Claimant or its successors or assigns receive payment of any portion of the Settled Claims from any source, including from the City, other than through the Plan (a "Non-Plan Payment"), the portion of the Settled Claim[s] equal to the amount of the Non-Plan Payments shall be deemed fully satisfied, and the Claimant, for itself and any successors or assigns, hereby prospectively waives and disclaims the right to receive Plan Distributions on account of the portion of the Settled Claim[s] satisfied by any Non-Plan Payments.

7. Nothing in this Agreement will have any impact on any proof(s) of claim that the Claimant has filed or holds other than the Filed Claim[s]. The Parties retain all of their respective claims, defenses, objections, counterclaims and any and all rights in respect of any proofs of claim that the Claimant has filed or holds other than the Filed Claim[s].

8. As to the Filed Claims and Settled Claims described herein, the Claimant releases the City from any and all liability, actions, damages and claims (including claims for attorney fees, expert fees or court costs), known and unknown, arising or accruing at any time prior to and after the date of this Agreement, that the Claimant has or may have against the City. The Claimant acknowledges that this Agreement represents the compromise of a disputed claim and is not to be construed as an admission of liability on the part of the City. As used in this Agreement, the Claimant and the City include each of their respective servants, agents, contractors, attorneys, employees, representatives, family members, heirs, elected officials, appointed officials, related corporations, subsidiaries, divisions, affiliates, directors and officers, if any. Where required by the City, the Claimant has executed the Medicare Reporting and Indemnification Affidavit[s], if any, attached as Exhibit A.

9. The Claimant stipulates to dismissal with prejudice of the civil action[s] related to the Filed Claims or Settled Claim[s] in the form attached hereto as Exhibit B.

10. This Agreement may be executed in identical counterparts, and/or by facsimile or e-mail scan, each of which when so executed and delivered will constitute an original, but all of which taken together will constitute one and the same instrument. This Agreement constitutes the entire agreement between the

Parties with respect to the matters addressed herein and may not be modified except in a writing signed by the Parties.

WHEREFORE, the undersigned have executed this Agreement on behalf of the parties hereto.

CITY OF DETROIT

Latonya Brooks

By: KRYSTAL A. CRITTENDON

Name: Krystal A. Crittendon  
(Signature)

(signature)

Date: April 28, 2014

Name: KRYSTAL A. CRITTENDON  
(Print Name)

Title: Supervising Asst. Corp Counsel

Date: 12-15-15

Date: \_\_\_\_\_

Claimant(s) counsel:

Michael J. Morse

Michael J. Morse  
(signature)

Name: Nick Grogono  
(printed)

Date: 4/28/2014

EXHIBIT  
“B”

# EXHIBIT

“A”

# MEDICARE REPORTING AND INDEMNIFICATION AFFIDAVIT

LATONYA BROOKS, being first duly sworn, deposes and says that I have filed a claim and/or lawsuit against the City of Detroit:

1. I certify under penalty of law that this Affidavit and all attachments were prepared with my knowledge and were reviewed by me. The information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for known violations. **I hereby state under oath and subject to any penalties for perjury that the information contained in this Affidavit is true, correct and accurate.**

2. I hereby understand that the City of Detroit will be relying upon this information in order to provide all of the required information to the United States Government, Department of Health and Human Services, Center for Medicare and Medicaid Services or their Medicare contractor in accordance with the Medicare, Medicaid and SCHIP Extension Act of 2007 and to be in compliance with the Medicare Secondary Payer Laws.

Circle One

3. I am currently receiving Medicare Benefits ..... yes or no
4. I will be Sixty Five years old within three years ..... yes or no
- 4a. I have applied for Social Security Disability Benefits ..... yes or no
5. I have received a Social Security Disability Award Letter and  
attached a copy hereto ..... yes or no
6. Attached is a copy of my Social Security Disability Application . yes or no
7. Attached is a copy of my Social Security denial letter and my  
appeal of said denial ..... yes or no
8. I have End Stage Renal Disease ..... yes or no
9. That my full name and all aliases are:

LATONYA BROOKS

10. That my City of Detroit File/Matter Number is: 1662

11. That my address is:

5517 PEMBURY LN WEST BLOOMFIELD, MI, 48306

12. That my Attorney's Name, Address and Contact Numbers are:

Nicholas Caponigro - Mike Morse Law Firm  
24401 Northwestern Hwy, Suite 700, Southfield, MI 48075

13. That my Date of Birth is: 05-27-1961

14. That my Social Security Number is: 386-74-7182

15. That my Medicare HIC Number, if applicable is:

N/A

16. That I am attaching copies of the following information:

- a. Copy of the Judgment ..... yes or (no)  
b. Medical Records ..... yes or (no)  
c. Specific Description of my injuries \_\_\_\_\_

17. Has anyone ever prepared for you:

- a. A Life Care Plan ..... yes or (no)  
b. Medicare Set Aside Cost Projections ..... yes or (no)  
c. Life expectancy projection ..... yes or (no)

If yes to any questions above in #17, submit a copy to the City of Detroit.

18. What specific body parts were impacted by the Injury/illness:

Left ARM & WRIST

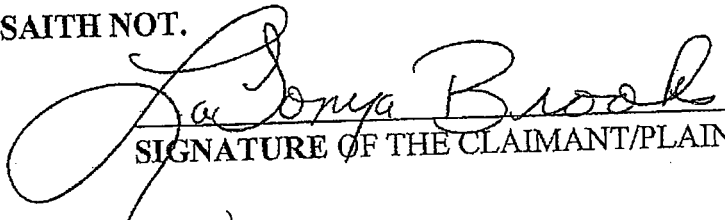
19. That my Gender is: \_\_\_\_\_ Male ☒ Female

20. That the accident which gave rise to this Claim/Lawsuit occurred  
on: 09-08-2011.  
(Date)

21. On 4/23/2014, a Settlement or Judgement of my Claim/Lawsuit was agreed  
to/rendered for the total amount of 22,483.03 Dollars  
(\$ 22,483.03).

22. On the date of the accident/event, did any household family member own an  
automobile with valid No Fault Insurance  
coverage ..... (yes) or no

I, LATONYA BROOKS, HAVE READ THE ABOVE MEDICARE REPORTING AND INDEMNIFICATION AFFIDAVIT AND STATE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT IN THE EVENT THAT THE CITY OF DETROIT IS HELD LIABLE DUE TO ANY MISINFORMATION OR OMISSION OF INFORMATION BY AFFIANT IN THIS AFFIDAVIT, AFFIANT SHALL INDEMNIFY, HOLD HARMLESS AND REIMBURSE THE CITY OF DETROIT FOR ALL PAYMENTS, DAMAGES, MONIES, COSTS, ATTORNEY'S FEES, EXPENSES, MEDICARE LIENS, MEDICARE DEMANDS FOR REIMBURSEMENT, MEDICARE OFFSETS, MEDICARE FINES, MEDICARE PENALTIES AND ANY MEDICARE PAYMENTS INCURRED BY THE CITY OF DETROIT RESULTING FROM SAID OMISSION OR MISINFORMATION. FURTHER, I SHALL FULLY COOPERATE WITH THE CITY OF DETROIT IN ANY DISPUTE OR MATTERS RELATED TO THIS INCIDENT INVOLVING MEDICARE AND SHALL EXECUTE ALL DOCUMENTS REQUIRED OR REQUESTED BY THE CITY OF DETROIT, MEDICARE OR ITS AGENTS THAT MAY BE REQUIRED OR NECESSARY TO RESOLVE ANY SAID DISPUTE OR MATTER.  
FURTHER AFFIANT SAITH NOT.

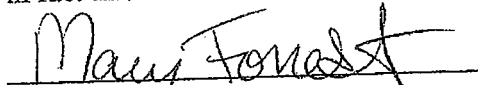
  
SIGNATURE OF THE CLAIMANT/PLAINTIFF

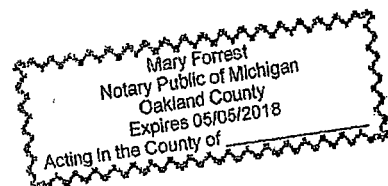
STATE OF MICHIGAN

)  
SS

COUNTY OF \_\_\_\_\_

This Medicare Reporting and Indemnification Affidavit was acknowledged, subscribed and sworn to before me this 28 day of April, 2014, by LATONYA BROOKS, who hereby declares under penalty of perjury under the laws of the State of Michigan that he or she is authorized in fact and law to execute this Medicare Reporting and Indemnification Affidavit.

  
Notary Public, \_\_\_\_\_ County, MI  
My Commission Expires: \_\_\_\_\_



Notary, Please ensure you use your notarial stamp or seal.

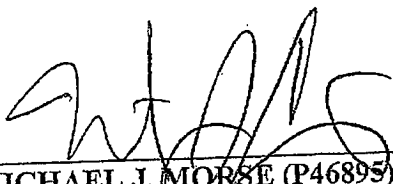


UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

----- X  
In re : Chapter 9  
CITY OF DETROIT, MICHIGAN, : Case No. 13-53846  
Debtor. : Claim No. 1662  
: Hon. Steven W. Rhodes  
----- X

**STIPULATION TO DISMISS CAUSE**

The parties in the above-entitled cause by their respective attorneys, hereby stipulate and agree that an Order be entered forthwith dismissing the said cause with prejudice and without costs and attorney fees to any party.

  
**MICHAEL J. MORSE (P46895)**  
Attorney for Plaintiff  
Law Offices of Michael J. Morse, P.C.  
24901 Northwestern Hwy., Ste. 700  
Southfield, MI 48075  
(248) 350-9050

**FRANCESDANE M. EMBRY-BARNES (P61574)**  
Attorney for Defendant  
City of Detroit Law Department  
2 Woodward Avenue  
Detroit, MI 48226  
(313) 237-0565

**ORDER**

At a session of the said Court held in  
the Courthouse, City of Detroit,  
County of Wayne, Michigan on

Present: Honorable \_\_\_\_\_  
U. S. DISTRICT JUDGE

Upon the reading and filing of the stipulation annexed hereto, and the Court being fully advised in the premises;

**IT IS HEREBY ORDERED** that the within cause be dismissed with prejudice and without costs and without attorney fees to any party.

---

U. S. District Court Judge

KAC

26-FEB-16

MICHAEL MORSE PC

1080790

EX

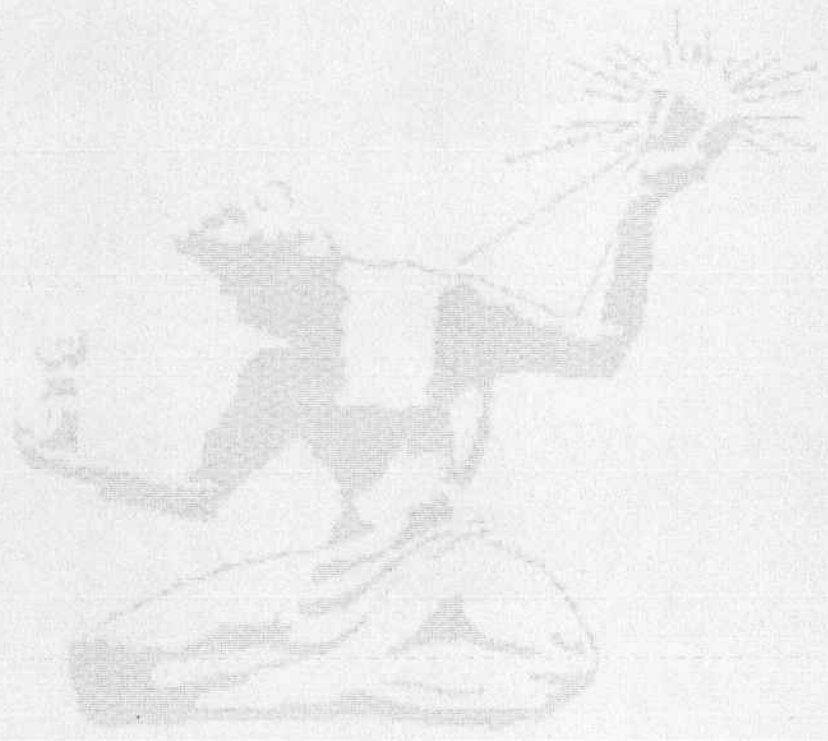
12011648NI

04-FEB-16

POST-LAW- 1ST PARTY/MVA/CLAIM #1662

0.00

22,483.03



### ATTENTION

0.00

22,483.03

NO INVOICE WILL BE HONORED WITHOUT A VALID CONTRACT OR PURCHASE ORDER.

ALL INVOICES MUST GO DIRECTLY TO ACCOUNTS PAYABLE OR YOUR INVOICE

WILL NOT BE HONORED  
REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

9-9

720

## CITY OF DETROIT

CHECK TYPE ACCOUNTS PAYABLES

CHECK DATE

CHECK NUMBER

CHECK AMOUNT

PAY EXACTLY

26-FEB-16

2077976

\*\*\*\*\*22,483.03

Twenty-Two Thousand Four Hundred Eighty-Three Dollars And 03 Cents

PAY TO THE ORDER OF: MICHAEL MORSE PC  
AND LATONYA BROOKS  
24901 NORTHWESTERN HWY STE 700

SOUTHFIELD, MI 48075

VOID UNLESS  
PRESENTED  
WITHIN 90 DAYS

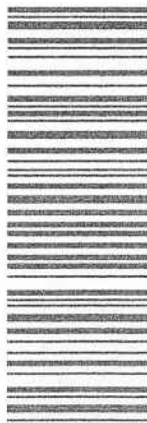
COMERICA BANK  
Detroit, Michigan

TREASURER

⑈ 2077976 ⑆ ⑆ 072000096 ⑆ 1852275682 ⑆



CITY OF DETROIT  
LAW DEPARTMENT  
COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 500  
DETROIT, MICHIGAN 48226



7010 1870 0000 2903 5636  
7010 1870 0000 2903 5636

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$  
Certified Fee  
Return Receipt Fee (Endorsement Required)  
Restricted Delivery Fee (Endorsement Required)  
Total P<sub>c</sub> Attorney Michael J. Morse  
Michael Morse, PC  
24901 Northwestern Hwy., Suite 700  
Southfield, MI 48075

Sent To  
Street, Apt.  
City, State

*LaTonya Brooks*  
Postmark Here

Attorney Michael J. Morse  
Michael Morse, PC  
24901 Northwestern Hwy., Suite 700  
Southfield, MI 48076

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Attorney Michael J. Morse  
Michael Morse, PC  
24901 Northwestern Hwy., Suite 700  
Southfield, MI 48075

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent  
☒ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type ☐ Express Mail  
☒ Certified Mail ☐ Return Receipt for Merchandise  
☐ Registered ☐ Insured Mail ☐ G.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number 7010 1870 0000 2903 5636  
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540